



AZ Medicaid Technical Consortium Meeting

September 20, 2005

2:00 PM to 2:30 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Dennis Koch, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS

Jerri Gray

AHCCCS

Celeste Barclay

Peggy Brown

Barbara Butler

Dennis Koch

Dora Lambert

Jacque Martinez

MaryKay McDaniel

Brent Ratterree

APIPA

Sharon Zamora

DES

Sam Asa

Mathew Trumbull

Nicole Yarborough

MCP & Schaller

Cathy Jackson-Smith

Walter Janzen

Joseph Pinelli

Art Schenkman

Welcome (Dennis Koch)

Welcome to the HIPAA Technical Consortium.

MMA changes (Part D)

Dennis Koch - This meeting will be a quick one on the MMA changes that were proposals. They are going to be on live December 1, 2005. It's a little bit of a short notice but hopefully you can work it into your schedules. When a person signs up and gets assigned to a Medicare Part D drug plan we will send you the HD segment The HD03 element will contain PDG (Prescription Drug). Then we will give you the two characters on how to assign the roll based. There will be a six-character health plan ID plus the health plan, drug plan name as well. Underneath that segment is the enrollment date for that drug plan. We are here to discuss any issues about eligibility enrollment into the Part D section itself. We have to look into the 2320. Initially, the Part D will coincide with any Part A or Part B information. Once they become eligible for Part A and/or Part B, they are eligible for Part D. That's basically how we are handling this whole Medicare Part D issue. MaryKay did mention that the Part D might have a different claim number so let's see if we can put that down in the 2320 loop as well. You will not see this data until December 1, 2005. We transmit a file to CMS on the 25th of the month. CMS should send a response file back on the 26th. The next transmission won't be until November 25th. We will load the response file into the PMMIS system on the 26th or the 27th and we'll send it to you on the Drug information on the 1st when we send all the other TPL. We will be sending a special file out in October. What we are thinking of doing is trying to split that file up to each health plan and just give you a special file that whatever you want to do with it you can. It's just like a potential of what it's going to look like in the future for Medicaid. Are there any questions so far on how we're going to handle Part D?

HP – Are there going to be any test files?

Dennis Koch – We're working on that. I'll see what we can do to get you a test file. We're trying to get one hopefully in October.

Dennis Koch – I'll check it and have a response for you and have Celeste sent it out to the distribution list for the consortium to give you more detail. They are eligible but that doesn't mean they're required to pay them. They can deny it but from the Medicaid perspective we will deny them drugs at that point. If they don't want Part D we can't hawk them drugs from the Medicaid perspective once they are eligible for Part D. They have to sign up for it. Medicare will then send something out and

they can either waive it or accept it. Let me know if you need additional information. We will see what we can do about the eligibility information from a Part D perspective and the 2320 loop also. I'm not sure what the ID's are going to be. It's going to be out in America West, so plan on 6 characters for now. MaryKay is now going to give you a quick update on NPI.

Type Codes:

AA – Auto enrolled – Person did not make a choice and was assigned to the next available drug plan.

RB – Roll Based – Person did not make choice but was assigned to a particular drug plan because of association to their health plan

EC – Elected Choice – Person selected the drug plan

NPI Update

MaryKay McDaniel – Hello. NPI- it hasn't gone away. I've been working on ICD10, so NPI is beginning to look not nearly as big after looking at ICD10. We're still working on it. AHCCCS is still planning from an internal perspective. We will accept NPI. We will cross-reference you an AHCCCS ID. All of our internal processing will be done on the existing 6 digit AHCCCS ID, if you see it. From an Encounter perspective the actual thing that transactions will be coming over to NPI. Again, we will actually convert it over to the internal AHCCCS ID number to give processing. So, just kind of a heads up for anybody who is going to be sitting in? I don't know anything that's looking for a particular NPI that conversion will happen so it's not going to be on an NPI basis. We are currently working on the identification modification to all electronic files. If you've taken a look at the NPI, the question is, what do you need from AHCCCS? One of the things we were thinking is that we would put the NPI on the provider file that you do on a monthly basis. But we're still in the same boat that you are without the dissemination policy coming out. We don't know where we're going to get NPI's from, other than we hope that the providers have it clear that they're going to have to mail them to us. The dissemination policy is expected to be out sometime 1st quarter.

Understanding the issues with the dissemination it's a little hard to say that those dates are going to be hard and fast. ACPT will be disseminating at this point at what looks like over 40,000 pharmacies, which is great from that perspective. If you're going to buy the case that they have to load the NPI's onto your system. This is not a plug for the NCPDP file, but the last I heard, that file cost \$8,750.00. But it would have most of the pharmacies that are out there. Without the dissemination policy I don't know how much information AHCCCS is actually going to be able to give you. There have been some rumors that dissemination policy that the only person who could disseminate is the NPPES. This means that AHCCCS could not put the NPI on the provider file. It hasn't hit O&B for final write yet, so hopefully, will be corrected. The bottom line is we will look for a 90-day window and testing periods for whatever comes. I would strongly suggest that you all look at your encounters to make sure that you are sending addresses. It was an optional list but your might want to take a real hard look at that. Location code goes away with the NPI. One of the rules for AHCCCS for private use is that they do want to know the location that the service was performed. So, that's just an advanced hint.

HP – Do they require the locator code on encounters?

MaryKay McDaniel – There will be a cut off date and you will be submitting the inquest. There's no room on the transaction to submit a location code. If you submit an NPI, I would strongly urge you to look at your layout to make sure that you have addresses. There is information going out to the providers with the claims clues about the NPI. Providers need to do it. Just in Arizona there are 163 facilities that've requested an NPI and 3,213 other providers who have requested NPI. I would also say in the situations where you had a provider who does a hospital visit; you should ensure that you have a service facility location. You can look at the codes coming in the door to make sure you have the road to populate it going out the door. If you don't capture that data, how are you going to pass it on? Questions?

Wrap-up

Dennis Koch – Thank you for attending. Hopefully by the next meeting we will have more information on the MMA Part D portion of Empire, possibly a test op.

Next Meeting (Dennis Koch)

TBA – Mid-October after the 15th.